

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34029 (9)
1. Corporation Name
PUNTA GORDA CITRUS GROWERS' ASSOCIATION



Principal Place of Business: **TALACKER 29 CH-8001 ZURICH SW US**
Mailing Address: **6117 ELLIOTT STREET PUNTA GORDA FL 33950 US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/21/1991	3a. Date of Last Report 04/03/1995
21. Suite, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHWARZ, STEPHEN DEH.
21229 OLEAN BLVD.
SUITE B
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to file this form

Date Registered Agent signed new information report

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSEN, WALTER	1.2 NAME	
STREET ADDRESS	TALACKER 29	1.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH, SWITZERLAND	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEDERMANN, JOSEF	2.2 NAME	
STREET ADDRESS	TALACKER 29	2.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH, SWITZERLAND	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLINSKI, HELMUT A.	3.2 NAME	
STREET ADDRESS	6109 ELLIOTT STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	PUNTA GORDA FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUTSCHY, HEINER DR.	4.2 NAME	
STREET ADDRESS	TALACKER 29	4.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH SW	4.4 CITY, ST, ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOHNLICH, JOHN	5.2 NAME	
STREET ADDRESS	3555 FT. CHARLES DRIVE	5.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	5.4 CITY, ST, ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, CONSTANTIN DR.	6.2 NAME	
STREET ADDRESS	TALACKER 29	6.3 STREET ADDRESS	
CITY, ST, ZIP	ZURICH SW	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in change or on an addition of an address.

SIGNATURE: *John Wohnlich* John Wohnlich 2-10-96 (941) 637-0055 (941) 261-7863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)